

Dr. Irwin Redlener, the director of the National Center for Disaster Preparedness at Mailman and co-founder of the Children's Health Fund.

The households included in the study were randomly selected from lists provided by FEMA. They included families living in Louisiana in hotels, trailer parks managed by the disaster agency and regular trailer parks with some FEMA units. A random sample of children in the surveyed households was selected for more in-depth questioning.

For comparison, the study used a 2003 survey of urban Louisiana families conducted by the National Survey of Children's Health.

David Abramson, the study's principal investigator, said it was designed to measure the social and environmental factors that help children stay healthy: consistent access to health care and mental health treatment, engagement in school, and strong family support.

In the Gulf Coast region, where child health indicators like infant mortality and poverty rates were already among the highest in the country, Dr. Abramson said, "all of their safety net systems seem to have either been stretched or completely dissipated."

The study's authors raise the prospect of irreversible damage if children miss out now on normal development fostered by stable schools and neighborhoods.

One couple told interviewers their three children had been enrolled in five schools since the hurricane, in which one child's nebulizer and breathing machine were lost. The equipment has not been replaced because the family lost its insurance when the mother lost her job, they said, and the child has since been hospitalized with asthma.

In another household, a woman caring for seven school-age grandchildren, none of whom were enrolled in school at the time of the survey, said she was battling high blood pressure, diabetes and leukemia.

That woman, Elouise Kenney, agreed to be interviewed by a reporter, but at the appointed hour was on her way to the hospital, where she was later admitted, "I've been in pain since January, and I'm going to see what's wrong," she said. "It's become unbearable."

One woman who participated in the survey, Danielle Taylor, said in an interview that she had not been able to find psychiatric care for herself—she is bipolar—or her 6-year-old daughter, who not only went through the hurricane but had also, two years before, been alone with Ms. Taylor's fiancé when he died.

The public clinic Ms. Taylor used to visit has closed since the storm, she said, and the last person to prescribe her medication was a psychiatrist who visited the shelter she was in four months ago. No doctors visit the trailer park in Slidell, La., where she has been staying, she said.

Ms. Taylor said that her daughter, Ariana Rose, needed a referral to see a psychiatrist, but that her primary care physician had moved to Puerto Rico. "She has horrible rages over nothing," Ms. Taylor said. "She needs help, she needs to talk to somebody."

The survey found that of the children who had primary doctors before the storm, about half no longer did, the parents reported. Of those who said their children still had doctors, many said they had not yet tried to contact them.

The study's authors recommended expanding Medicaid to provide universal disaster relief and emergency mental health services, as well as sending doctors and counselors from the federal Public Health Service to the region.

The Children's Health Fund, a health care provider and advocacy group, is not the only

organization to raise the alarm about mental health care for traumatized children after Hurricane Katrina. A report issued earlier this month by the Children's Defense Fund said youngsters were being "denied the chance to share their bad memories and clear their psyches battered by loss of family members, friends, homes, schools and neighborhoods."

Anthony Speier, the director of disaster mental health for Louisiana, said that while there were 500 crisis counselors in the field, the federal money that paid for them could not be used for treatment of mental or behavioral disorders like depression or substance abuse. Instead, he said, much of their effort goes into short one-on-one sessions and teaching self-help strategies in group settings.

"The struggle for our mental health system is that our resources are designed for people with serious mental illnesses and behavior disorders," Dr. Speier said. "But now the vast population needs these forms of assistance."

Dr. Speier continued, "What we really, from my vantage point, could benefit from is a source of treatment dollars."

According to the study's authors, the post-storm environment differs significantly from other crises because of its uncertain resolution.

"This circumstance is being widely misinterpreted as an acute crisis, somehow implying that it will be over in the near term, which is categorically wrong," Dr. Redlener said. "This is an acute crisis on top of a pre-existing condition. It's now a persistent crisis with an uncertain outcome, over an uncertain timetable."

TRIBUTE TO COLONEL SHARON B. WRIGHT, UNITED STATES AIR FORCE NURSE CORPS, ON THE OCCASION OF HER RETIREMENT

HON. HENRY E. BROWN, JR.

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 2, 2006

Mr. BROWN of South Carolina. Mr. Speaker, I rise today in recognition of a great American and a true military heroine who has honorably served our country for 26 years in the Air Force Nurse Corps: Colonel Sharon B. Wright. Colonel Wright has a long history with the Air Force. She was born at Travis Air Force Base, CA and graduated from Hillcrest High School, Sumter, South Carolina when her father, Chief Master Sergeant Edward J. Wright, was stationed at Shaw Air Force Base, South Carolina. Colonel Wright followed the career path of her father, a 30-year Air Force Chief, and her mother, a Licensed Practical Nurse, both natives and current residents of Charleston, South Carolina. In 1980, she was commissioned through ROTC, and she was then assigned to Mather Air Force Base, California. Experienced and desiring to make a difference, she next served at Kunsan Air Base, Korea and Langley Air Force Base, Virginia, where she deployed to Honduras with the U.S. Army.

In each assignment she excelled and was rewarded with greater responsibilities and opportunities. In 1988, she became the Chief, Nurse Recruiting Branch, at Gunter Air Force Base, Alabama. A proven leader, she was the Top Recruiter in 1988 and 1991, and she received the Recruiting Standard of Excellence

award in 1990. In 1991, she assumed duties as the Coordinator of Maternal Health Services at Dover Air Force Base, Delaware. In 1994, Colonel Wright was assigned to Randolph Air Force Base, Texas, as a Nurse Utilization Officer. During her tenure she completed over 2000 assignments, managed five commands, and maintained staff levels at an unprecedented 95-plus percent.

In 1998 Colonel Wright assumed her first command at Incirlik Air Base, Turkey. As the Squadron Commander, she also assumed the roles as the Chief Nurse Executive and Deputy Group Commander. Incirlik presented significant challenges. Three weeks after arrival, a devastating 6.3 earthquake hit. Colonel Wright took charge as the on-scene Medical Group Commander. After her stellar performance at Incirlik, she went on to her second assignment as Squadron Commander at Laughlin Air Force Base, Texas in 1999. Her astute leadership led to her appointment as Deputy Program Executive Officer at the Joint Medical Information Systems Office and Force Development Program Manager at the Office of the Surgeon General, at Bolling Air Force Base, Washington, DC.

Colonel Wright's last assignment brought her back to Texas as the Chief, Nurse Utilization and Education Branch, Randolph Air Force Base, Texas. In this position, she was responsible for managing assignments, career progression, and sponsored educational opportunities for 3,700 Air Force Nurses. Colonel Wright is a meritorious leader, administrator, clinician, educator, and mentor. Throughout her career, she has served with valor and profoundly impacted the entire Air Force Medical Service. Her performance reflects exceptionally on herself, the United States Air Force, the Department of Defense, and the United States of America. I extend my deepest appreciation on behalf of a grateful nation for her over 26 years of dedicated military service. Congratulations, Colonel Sharon B. Wright. I wish you Godspeed.

RECOGNIZING MRS. BLANCHE FELIX

HON. HILDA L. SOLIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 2, 2006

Ms. SOLIS. Mr. Speaker, today I rise to recognize the contributions of an outstanding member of my community, Mrs. Blanche Felix. Mrs. Felix was born in Globe, Arizona, and has lived most of her life in Southern California. In 1946, Mrs. Felix moved to the San Gabriel Valley with her husband, where they have resided ever since, initially in South El Monte and later in El Monte.

Throughout her life, Mrs. Felix has sought to improve her community and the lives of those around her. Her dedication to her community has been continuous and prodigious. Mrs. Felix has served as an active member, officer, and often president of numerous organizations including Youth Employment Services, Coordinating Council, Soroptimist International, El Monte Women's Club, Lions Club, El Monte Republican Women's Club, and the Parent and Teachers Association. She was a leader in the successful effort to incorporate the City of South El Monte, as well as a leader in the